

Introduction: The 2021 document “Modern ward rounds: Good practice for multidisciplinary patient review” recommends simulation as a useful strategy for training relating to ward rounds [1]. Existing ward round simulation predominantly targets undergraduates, or foundation doctors during induction, with limited integration across different grades of medical training. We hoped to take this opportunity to engage multi-disciplinary and cross-grade teams in a more authentic, collaborative learning experience around open communication and building positive working culture.

Methods: A half-day, multi-patient simulation event was designed to represent the complexities of ward rounds on an acute medical ward. This three-part session included a pre-brief alongside a period of sharing experiences and good practice, followed by the simulation and subsequent debrief. The ward round simulation comprised a bay of four patients at various stages of their inpatient journey. Foundation Year 1 doctors, senior registrars, consultants, and registered nurses were invited to attend as learner participants to allow development of authentic team dynamics.

Pre- and post- simulation surveys explored attitudes of learners to current ward round practices and what they had learnt from the experience. In total, 91 learners were surveyed across 17 episodes between September 2024 and March 2025. 14% were consultants, 65% were resident doctors, 17.5% were nursing staff and the remainder listed their professional title as “other”.

Results: The response was overwhelmingly positive, with 97.7% of 88 learners reporting that the training was “likely” or “very likely” to change their practice. 87.5% would “definitely recommend” the course. Verbal feedback from one ward manager stated that staff who had attended the simulation now realised the value they can add to a ward round.

In the pre-course survey, learners felt ward round effectiveness could be improved through better communication and more consistent multi-disciplinary involvement. Post-course, these feelings were replicated, with learners describing the recognition of a need for assertiveness, feeling more comfortable to challenge more senior colleagues, and to escalate concerns.

We observed that one of the greatest challenges for nurses is the ability to attend ward rounds. We would like to examine the barriers further as we develop the simulation in the coming year.

Discussion: Learners have appreciated open discussions around the challenges and best practices of ward rounds made possible by the cross-grade and multi-disciplinary nature of this simulation. The diversity of perspectives demonstrated freely in debriefs provides optimism that this culture of mutual respect can be translated more widely into clinical areas.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

REFERENCES

1. Royal College of Physicians, Royal College of Nursing. Modern ward rounds: Good practice for multidisciplinary patient review [Internet]. London, Royal College of Physicians; 2021 [cited 2025 April 24]. Page 28. Available from: https://www.rcp.ac.uk/media/t2cplwvp/ward_round_report_0-1.pdf

IN PRACTICE

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EMPOWERING OPEN CONVERSATIONS THROUGH WARD ROUND SIMULATION

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